

Caprelsa[®] (vandetanib) Prescription Form
Specialty Pharmacy Partner
Fax: 800.823.4506 Phone: 800.850.4306

CERTIFICATION REQUIRED
TO PRESCRIBE CAPRELSA: Visit
www.caprelsarems.com **for information**

PATIENT INFORMATION

Full Name _____ Gender M F DOB _____ SS # _____
Address _____ City _____ State _____ Zip _____
Home Ph # _____ Mobile Ph # _____ Alt. Contact Name / Ph # _____
Primary Diagnosis _____ ICD9 Code _____
Height _____ Weight _____ BSA _____ Allergies _____

INSURANCE INFORMATION

Primary Insurance Name _____ Primary Insurance Ph # _____
Insured's Name _____ Rx ID# _____
Rx Group # _____ Rx BIN # _____ Rx PCN # _____
Secondary Insurance Name _____ Insured's Name _____
Effective Date _____ Rx ID # _____ Rx Group # _____

PRESCRIBER INFORMATION

Office Contact _____ Today's Date _____ Request call back? Yes
Ph # _____ Fax # _____
Prescriber's Name (please print) _____
Name of Hospital/Clinic _____
Hospital/Clinic Street Address _____
City _____ State _____ Zip _____ Prescriber's Federal Tax ID# _____
Practice NPI # _____ Prescriber's NPI # _____
Prescriber's DEA # _____ Prescriber's State License # _____

PRESCRIPTION Rx Start Date _____

<input type="checkbox"/> CAPRELSA 300mg daily dose 300mg tablets #30 Sig: Take 1 tablet by mouth once daily Refills _____	<input type="checkbox"/> CAPRELSA 200mg daily dose 100mg tablets #60 Sig: Take 2 tablets by mouth once daily Refills _____	<input type="checkbox"/> CAPRELSA 100mg daily dose 100mg tablets #30 Sig: Take 1 tablet by mouth once daily Refills _____
_____ Date	_____ Prescriber's Signature	_____ Required Prescriber Certification Number

Please fax along with this form the following information:
• Prescription, if not provided above • Copy of patient's insurance card (front and back) • Medication list • Most recent H&P/clinical notes

Biologics Inc. will be contacting the patient by telephone to schedule delivery.

The CAPRELSA Prescription Referral Form is also available at www.caprelsarems.com and www.biologics.today.com.